

Slide 1:



**Katie Burns:** Good morning. This is Katie Burns at the Minnesota Health Insurance Exchange. I want to welcome all of you to a joint webinar today sponsored by the Minnesota Department of Health and the Minnesota Health Insurance Exchange.

We are still hearing a number of beeps indicating that folks are still joining us and we are happy to have you on the line this morning. We want to make sure people are aware of the webinar connection we have so that you can also see a visual display of what we have for you this morning. And again, as people are joining we are requesting that you put your phone on mute so that everyone can hear the content we have to present to you today. With that, we will go ahead and get started.

I'd like to introduce my colleague Stefan Gildemeister, the Director of the Health Economics Program at the Minnesota Department of Health.

**Stefan Gildemeister:** Good morning everyone. As Katie said, we are pleased that so many of you are joining us for today's webinar. We are interested in hearing your feedback and happy that you were able to join us.

As a brief introduction, what I would acknowledge and remind us of is that consumers, purchasers, and providers are increasingly looking for information on provider quality to make informed choices in their role in healthcare. What we know from previous efforts in making this information available and researching whether it's used, that we know that in order for this to work for consumers, this information needs to be presented and designed with the consumer in mind. So what the goal of this project is and Katie will talk a little about this as well in a moment, but what the goal of this project is to arrive at a provider reporting tool on quality for hospitals, clinics, and outpatient surgery centers that can really transform how healthcare is delivered by making sure that we are learning from the highest performance and identifying opportunities for improvement and doing so by making available solid information on provider quality to consumers.

The Department of Health and the Minnesota Health Insurance Exchange are collaborating on this project and on ensuring that we are considering consumer perspectives as we're building and designing a web-based public reporting system on provider quality. This is in part by we are seeking your feedback

on this project and this display that is in development. As a reminder, the data that is being used for this display is based on data collected under the state's core quality measurements at the Statewide Quality Reporting and Measurements System (SQRMS) that MDH implements with the help of many in the community. But what data we use today I'll let Katie talk about this in a moment to make sure you understand what you are seeing and what it means. Let me pass that on to Katie for her introductory comments as well.

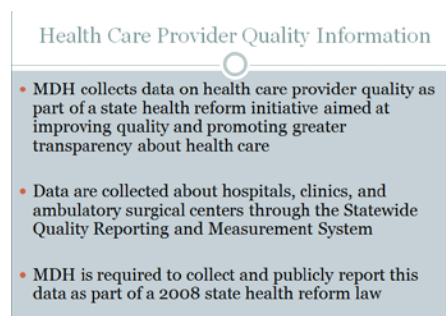
**Katie Burns:** Just to pick up on the point of the data used for today's webinar we want to be clear that particularly for providers who are joining the webinar this morning that no Minnesota hospital or clinic names are used in this webinar and so that the data are all masked. Our purpose this morning is clearly not to be publicly reporting healthcare provider information through this webinar. Our purpose is to present some design alternatives for how it is that we will display that data and so we want to make sure people are aware of the data we are using during the course of this morning's webinar.

When the display is finalized it will be publicly reported by the Minnesota Department of Health and by the Minnesota Health Insurance Exchange. It will be integrated in the Exchange website so that it can inform consumers about provider quality as they are shopping for health insurance coverage in Minnesota or to look solely for information about healthcare provider quality.

Again, the purpose for this webinar is to obtain feedback on design alternatives that would be used in this website rather than to share actual healthcare provider data this morning.

With that, we would like to introduce our colleague Katie Lehman, who has been a core member of our Exchange Information Technology vendor team who has been working with us on designing these displays, and Ms. Lehman will walk us these display options this morning.

Slide 2:



Health Care Provider Quality Information

- MDH collects data on health care provider quality as part of a state health reform initiative aimed at improving quality and promoting greater transparency about health care
- Data are collected about hospitals, clinics, and ambulatory surgical centers through the Statewide Quality Reporting and Measurement System
- MDH is required to collect and publicly report this data as part of a 2008 state health reform law

Just a couple of things before Katie launches in, I think first again because we have some more folks who are joining us, we just want to ask again for people to mute their lines so that we are able to get through all of this information and also that we would ask that folks only ask clarifying questions as Katie is stepping through the potential display options this morning just to make sure you understand what it is you are seeing. We are hopeful that folks may even have some input for us as early as the webinar today on the design options you are seeing. We will have an opportunity for you to give us your

feedback on that and ask us any other questions during a Q&A period following Katie's walkthrough of this information. So just wanted to give you some baseline information on how it is we would like to step through this today. With that, we'll go ahead and ask Katie to step through this process.

**Stefan Gildemeister:** So again as a reminder, from where we started, the display is based on data the MDH collects on provider quality. It's part of the state health reform initiatives that is really aiming at improving transparency in quality and promoting improvements in healthcare quality. I've talked about what the data is based on and just as a reminder this work is work that is started out with initiatives in the private sector and data collection voluntarily in the private sector and it's scaled up through mandatory reporting that's part of the 2008 health reform law.

Slide 3:

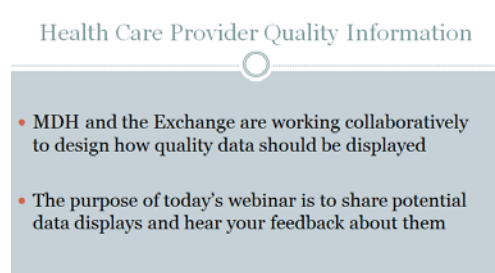


Health Care Provider Quality Information

- Health care provider quality data will be publicly reported by MDH and the Minnesota Health Insurance Exchange
- Consumers can use the Exchange simply as a source of information about health care provider quality and also will be able to find quality data on the Exchange while shopping for health insurance coverage

Again, Katie talked about that, so without further ado, let's ask Katie Lehman to step through the display options and walk us through what we see.

Slide 4:



Health Care Provider Quality Information

- MDH and the Exchange are working collaboratively to design how quality data should be displayed
- The purpose of today's webinar is to share potential data displays and hear your feedback about them

Slide 5:



**Katie Lehman:** My name is Katie Lehman and I will walk you through the designs for the website and the display of the data.

What you are looking at now is what we're calling the landing page. It is the first place users will come to as a welcoming point for the Minnesota Healthcare Quality. We are working on some of the language and the display of this screen making sure people understand what the website is about, what is possible from this website and that there are other resources at the bottom of the screen for help and other information.

At this point, the end user would click on the Get Started button in the bottom right which would take them to the next page.

Slide 6:

The screenshot shows the 'Find Quality Healthcare' search page. At the top, there is a navigation bar with 'Back to MH Exchange', 'MDH MINNESOTA DEPARTMENT OF HEALTH', and 'health reform MINNESOTA'. Below the navigation bar, there is a section titled 'What type of health care provider am I looking for? (must choose one)'. This section has three radio buttons: 'Physician Clinic' (selected), 'Hospital', and 'Outpatient Surgery Center'. Below this, there is a section titled 'Search by Name, Location and/or Medical Condition:'. This section has three input fields: 'Name' (with a dropdown arrow), 'Location' (with a dropdown arrow and a 'within' dropdown set to '10 miles'), and 'Condition' (with a dropdown arrow). At the bottom right, there is an orange button labeled 'Search'.

The next page is a search page.

The user is offered options for looking for a physician clinic, hospital, or outpatient surgery center. Once they have made a selection, and in this case a physician clinic, options on the bottom of the screen are enabled or brightened so that the user knows they can enter information below. And at this point, they can search on one, two or three different options: the name, the location, and/or the medical condition. In each of these boxes, in the Name box, they can type a word which could be the portion of the name of a physician clinic in this case; they could also click on the dropdown arrow to the right and look at the names of clinics. In addition, as they type the dropdown area will filter down to the names

that correspond to what they typed. So that offers a very quick way for a user to identify a clinic of their choice. As they type, they will recognize the options below.

In the Location field, the user can type a city or a zip code. They can also choose to select a radius from that location of 5, 10, up to 50 miles I believe.

And they can also at the bottom select a Medical Condition. These are offered by either typing or selecting from a list. The list is categorized by different groupings to make it more logical to the end user.

So after the user decides what they are interested in searching by, they click on the Search button in the lower right.

Slide 7:

Find Quality Healthcare

Back to MH Exchange Help AAA

What type of health care provider am I looking for? (must choose one)

☒ Physician Clinic  
☐ Hospital  
☐ Outpatient Surgery Center

Search by Name, Location and/or Medical Condition:

Name: Name of Physician Clinic: Enter or Select

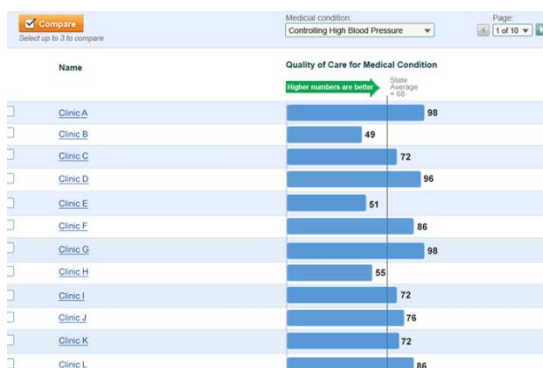
Location: City or Zip Code: Enter within: 10 miles

Condition: Medical Condition: Diabetes

Search

In this case, we have decided to select Diabetes to walk through this design with you so that we have a condition in mind. So in the Condition box, we've typed in Diabetes.

Slide 8:



Before I get to the actual pages of the prototype or of the website design, I'm going to talk a little bit about the display of data and the fact that we are all considering several different options for the display

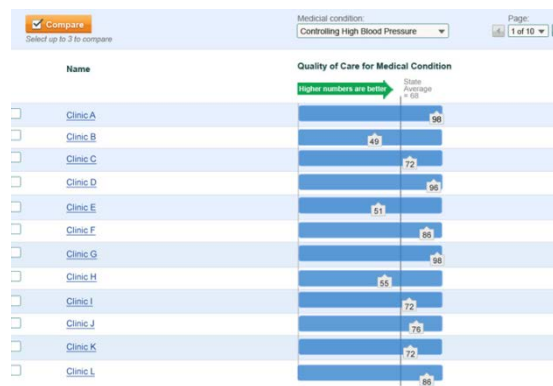
of data to make sure we are using a display that is the most intuitive and understandable, most simple for end users to really understanding the meaning of the quality measures.

So, I want to walk you through three alternatives that we are looking at for the SQRMS measures and three that are being used for the Agency for Healthcare Research and Quality (AHRQ) measures.

These three here are for the SQRMS measures, and you're looking at one here right now where if the user searched for something like "Controlling High Blood Pressure" in this example, the results would return a number of clinics along with the quality measure for that condition.

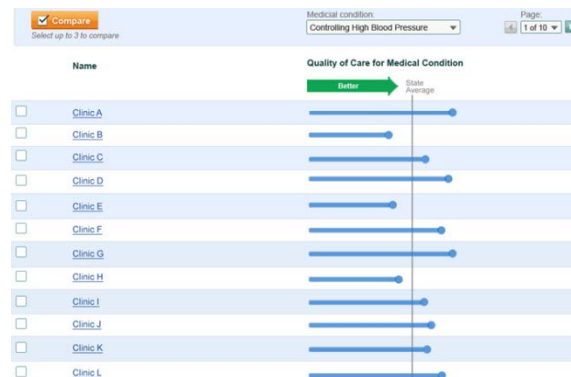
So in this case, we are looking at bars with numbers to the right of them. A State Average line that runs through the bars and in addition, an arrow that indicates to the end user that higher numbers are better in this case, as some of the measures are lower numbers are better. So we've added that to the top of the display.

Slide 9:



The next alternative is somewhat similar but in this case we are indicating that the numbers are out of 100. That these are percentages out of 100 and where the numbers fall within that percentage, within that 100, within that range. In addition the state average is displayed with a vertical line and the higher number is better indicator.

Slide 10:



And the third alternative is one that doesn't use numbers. It is more of a relative scale to show people with the length of the line how the measures fall. Again we have the state average running through and a simple arrow that says this direction is better or in the case of lower is better it would face the other way and say better facing to the left. So those are three displays we are using for the SQRMS and then I will show you three more.

Slide 11:

Name	Quality of Care for Medical Condition
<input type="checkbox"/> Hospital A	Better
<input type="checkbox"/> Hospital B	Better
<input type="checkbox"/> Hospital C	Same
<input type="checkbox"/> Hospital D	Worse
<input type="checkbox"/> Hospital E	Same
<input type="checkbox"/> Hospital F	Better
<input type="checkbox"/> Hospital G	Better
<input type="checkbox"/> Hospital H	Same
<input type="checkbox"/> Hospital I	Worse
<input type="checkbox"/> Hospital J	Same
<input type="checkbox"/> Hospital K	Worse
<input type="checkbox"/> Hospital L	Better

The next three are for AHRQ measures. In this case we are showing arrows and words, symbols, arrows and circles, green arrow pointing up means better than expected. We are using the simple word of Better, Worse and Same. A downward arrow and a circle.

Slide 12:

Name	Quality of Care for Medical Condition
<input type="checkbox"/> Hospital A	Better than Expected
<input type="checkbox"/> Hospital B	Better than Expected
<input type="checkbox"/> Hospital C	Same as Expected
<input type="checkbox"/> Hospital D	Worse than Expected
<input type="checkbox"/> Hospital E	Same as Expected
<input type="checkbox"/> Hospital F	Better than Expected
<input type="checkbox"/> Hospital G	Better than Expected
<input type="checkbox"/> Hospital H	Same as Expected
<input type="checkbox"/> Hospital I	Worse than Expected
<input type="checkbox"/> Hospital J	Same as Expected
<input type="checkbox"/> Hospital K	Worse than Expected
<input type="checkbox"/> Hospital L	Better than Expected

The next option is similar to that, but we are actually filling out better than expected, same as expected or worse than expected.

Slide 13:

Compare		Medical condition:	Page:
Select up to 3 to compare		Rate of Patients with Bed Sores	1 of 10
Name	Quality of Care for Medical Condition		
<input type="checkbox"/> Hospital A	↑	Better	
<input type="checkbox"/> Hospital B	↑	Better	
<input type="checkbox"/> Hospital C	=	Same	
<input type="checkbox"/> Hospital D	↓	Worse	
<input type="checkbox"/> Hospital E	=	Same	
<input type="checkbox"/> Hospital F	↑	Better	
<input type="checkbox"/> Hospital G	↑	Better	
<input type="checkbox"/> Hospital H	=	Same	
<input type="checkbox"/> Hospital I	↓	Worse	
<input type="checkbox"/> Hospital J	=	Same	
<input type="checkbox"/> Hospital K	↓	Worse	
<input type="checkbox"/> Hospital L	↑	Better	

The third option is a little bit more precise in the symbol. It is more clearly an arrow pointing up or down and an equal sign. Again, just a simple word better, same and worse.

Slide 14:

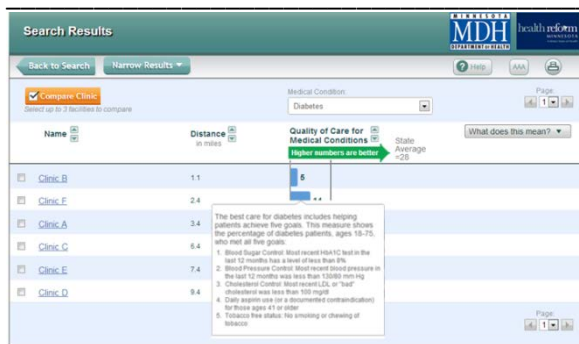
Search Results				
Back to Search   Narrow Results				
Compare Clinics		Medical Condition:	Page:	
Select up to 3 to compare		Diabetes	1 of 10	
Name	Distance in miles	Quality of Care for Medical Condition	State Average	What does this mean?
<input type="checkbox"/> Clinic B	1.1	9		
<input type="checkbox"/> Clinic F	2.4	14		
<input type="checkbox"/> Clinic A	3.4	9		
<input type="checkbox"/> Clinic C	6.4	9		
<input type="checkbox"/> Clinic E	7.4	8		
<input type="checkbox"/> Clinic D	9.4	6		

Now I am going to move back into the website design. Remember we picked diabetes and we have done a search on that. This would be the results page that would display at that point. You can see that the medical condition at the top displays diabetes. There is the name of the clinic; in this case we just use generic names. Distance, and that is assuming somebody typed in a location and a radius and the quality measures are shown for each clinic. As well as the state average. In the case that a user searches by condition, the search results page would come back with the best quality clinic at the top and be sorted correspondingly from top to bottom. If they searched just on distance, the results would come back by distance from the least distance to the furthest and on this page the user could do several things; they could sort using the arrows at the top of each column, they can change the medical condition by clicking on the drop down arrow and look at a variety of different conditions and the measures for those, they could also select up to 3 different clinics and click on the compare button on the upper left, which would then take them to a page where they could compare side-by-side the measures for those clinics.

I am going to go to the next slide...

Slide 15:

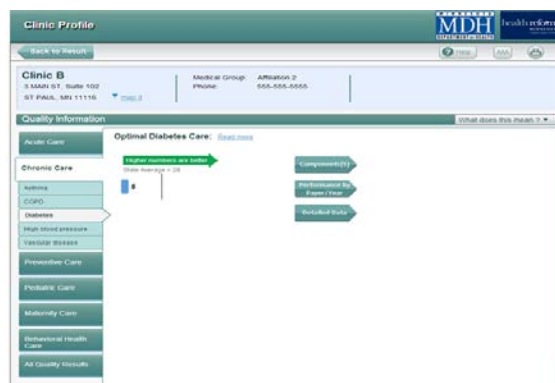




... and show you that also the user can hover their mouse over the bar and they will get a detailed description of the measure and these have been written in a language that we feel is more consumer friendly. I should point out also that the medical conditions themselves and the measure names have been modified by the state/exchange to make them more consumer friendly and more understandable to a consumer.

Next slide please.

Slide 16:



**Katie Burns:** May I just pause here for a moment. Want to make sure if you have questions, first we are not going to use the chat function this morning; we would just prefer that you ask your questions by phone and so then again if you have any clarifying questions along the way. Please feel free to ask those.

**Katie Lehman:** OK, I am going to continue on. So at this point a user has clicked on one of the clinics from the results page, Clinic B. There was a link for each of the clinics; they were interested in Clinic B. They come to a page that is called the clinic profile page. At the top there is information about the clinic, in this case we are using very basic data to display this, but the address, a link to the map of where that is located and some other information, phone number, medical group, etc. Then the display below shows the Optimal Diabetes Care measure, which is the one that they were interested in from the earlier page. As you can see from the left hand side of the page is tabs that allow the user to navigate to other measures and other conditions. So right now the user is in Chronic Care and diabetes, they could

easily click on Asthma, COPD, etc. Or if they clicked on one of the other tabs, they could show measure names and conditions under those. So as you can see the display is similar to before for Optimal Diabetes Care.

Slide 17:



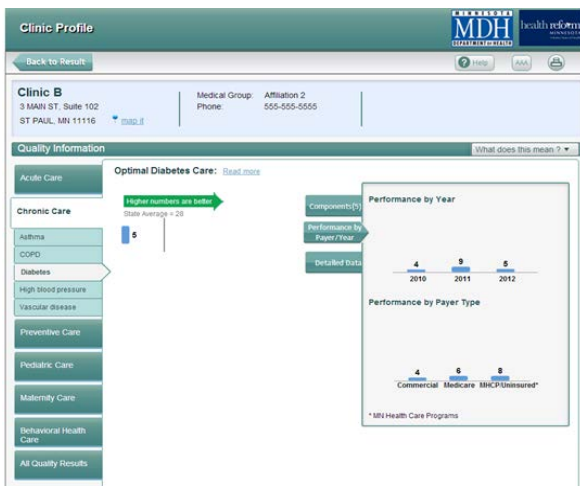
I have now clicked on the read more next to the Optimal Diabetes Care and you can see again we have the consumer friendly description for that measure name.

Slide 18:



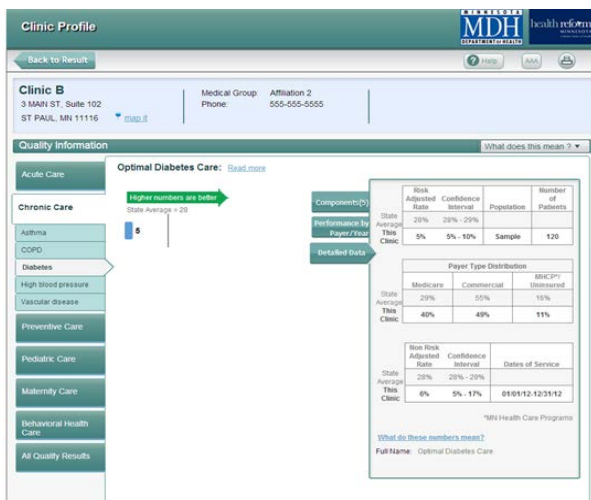
Ok, now if the user were to click on Component button to the right a box would open up and the component information for that measure would be displayed. So in this case, the five subcomponents for the measure are displayed in similar fashion, with the bars and the number, the percentage.

Slide 19:



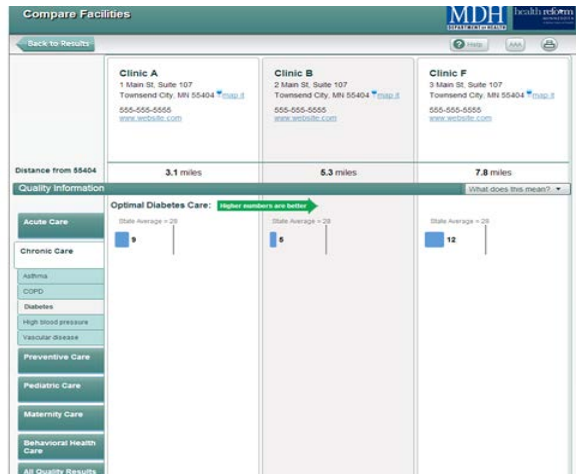
The second button the Performance by payer/year is shown here. The first graph shows performance by year, so it shows some historical data for this measure for this clinic. The one below that is performance by payer type. For the 3 different categories of payer type: Commercial, Medicare, MHCP/Uninsured.

Slide 20:



The next slide shows what would happen if the user clicks on the detailed data button, we are showing some detailed data here; the risk adjusted rate, the confidence interval, what population this was take

from, the number of patients this clinic with this measure is being reported. Payer type distribution and the non-risk adjusted rate, confidence interval and the dates of service this data was collected. All of this is being compared to the state average of course. We have a little bit of information at the bottom, like the full name, we have some more detailed information if the user clicks on what do these numbers mean to really explain what all those different labels mean in the table.



OK I talked earlier about the fact that the user can click on one up to three different clinics to compare. This is the page that they would come to if they did that. So in this case the user on the search results page wanted to see: clinic A, Clinic B and Clinic F. This is the side-by-side display of each of those clinics. You can see the address, location information, and the distance if they chose a distance or a location and the diabetes care side-by-side. What they can also do is click on any of the other tabs, including an all quality tab at the bottom to look at a side-by-side comparison of every measure between these different clinics.

### Feedback Invited on Displays

- MDH and the Exchange invite you to provide feedback on the data displays shared with you today
- A survey will be made available on MDH's and the Exchange's website where you can provide feedback
- Feedback is requested by December 21 in order to inform final design of the quality data

That is the end of the slides for the display.

**Katie Burns:** Great! Thank you so much for that Katie. At this point we would invite your questions that you may have for Katie

**Caller 1:** I am wondering if you have tested any of these displays with real consumers.

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**Katie Burns:** Thank you for the opportunity to talk about some parallel activity that is happening this week. To step back for a moment - the feedback from folks that we gather from today's webinar and through a survey took that will be made available through the Department of Health and the Minnesota Health Insurance Exchange by the end of this week; we are interested in obtaining feedback from stakeholders that will inform the final design of this web application. Also this week we are conducting a consumer testing process on the display options and limited usability testing as well. So we will take feedback from both of the processes and use that to inform the final displays. So we are testing with a consumer audience through individual consumer interviews this week.

**Katie Burns:** Are there other questions for Katie or do you folks have initial feedback that you would offer this morning. I appreciate that this is the sort of information that it may be useful to have the opportunity to look at a little more carefully but if folks have any initial impressions that you would like to share with us on the phone today in addition to any questions, we would be interested in hearing that feedback.

**Caller 2:** Some of us live farther away from the Twin Cities and we are used to traveling further distance and putting a cap of 50 miles on the location would not enable me to see anything on the providers in the cities. For the rural area we need to push that up higher.

**Katie Burns:** That is very helpful feedback

**Caller 2:** Simple displays do not necessarily equal conveying the appropriate content. You've got confidence interval information built in with your further drill downs. What would be nice is those initial displays would be like in the second example where we have the bars with the dots where the bars provided the range of the values, instead have individual confidence intervals there. That your line for the state average and the arrows are very helpful for the consumer. It would also give the idea of how different these numbers form one another. Did you think about that?

**Katie Burns:** I think one of the things that we are challenged with is trying to think about how much people can absorb on one screen and what is helpful and what is too much. I appreciate the point that having some interpretive information there may be useful and we certainly think about strategies for doing that.

**Caller 2:** So if you go back to the second slide that was displayed

**Katie:** Let's make sure we get back to the right slide here.

**Caller 2:** The one right before this (I think) Yeah that one...

Slide 9 (from earlier in the presentation):



...So if we have the numbers just like you have them and instead of bars going all the way across from 0 to 100. They were simply represented the standard errors intervals a consumer would easily be able to see a 49 is different from a 72 but an 86 and a 98 might not be really different depending on sample sizes and that would be something the typical consumer would probably be able to absorb pretty quickly.

**Katie:** Alright, that is helpful feedback. I did just want to ask again one more time. Please mute your phones we are getting some pretty significant feedback from folks moving paper or something near their line. Thank you

**Caller 3:** I have a question. Can you hear me?

**Katie Burns:** Yes. Please go ahead.

**Caller 3:** This is kind of the 30,000 foot question, but how do you see or how do you want consumers to use this website? What's the goal here?

**Katie Burns:** Thank you for the question. I think this really gets back to some of the policy intent behind the 2008 state health reform law that was passed here in Minnesota where policymakers were interested in several different goals with this type of information. One is just to promote transparency in healthcare quality and the healthcare delivery system, and to make that information available to consumers in an understandable fashion. We also recognize from a payment reform perspective, that not just consumers but purchasers and payers are interested in these kind of data as well, and so there is an interest there as well.

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**Stephan Gildemeister:** This is Stephan Gildemeister. We would be happy to take that conversation into a little bit more detail later on if you are interested. But the other point I would make is that over the last 10 years or so, consumers have a greater role in managing their healthcare, selecting where they receive healthcare, in deciding what care to consume. So we are holding them accountable for a greater part of the decision making and this is one of the tools consumers need to feel equipped to play that role. So understanding to the extent that that's important to them, understanding how providers compare in quality of services they deliver is really an important step into equipping consumers into making more informed decisions. Again, I would invite you if you're interested, in a deeper conversation to chat with us afterwards.

**Caller 3:** Thank you.

**Caller 4:** This may be a little ahead of when we discuss this topic, but kind of following along this discussion, how is this going to be marketed?

**Katie Burns:** At this point we are more heavily focused on the design of the data displays rather than marketing strategies around that. Certainly as the data are incorporated into the Minnesota Health Insurance Exchange we'll be promoting the full range of data that are available on the Exchange, so it will be a part of that marketing message. These are data that we are intending to make available this spring. So this information will be reported ahead of the full functionality of the Minnesota Health Insurance Exchange coming online and we're working through those details with our colleagues at the Minnesota Department of Health who are collecting this data through the Statewide Quality Reporting and Measurements System.

**Stefan Gildemeister:** To the extent your question implies that it's important to let consumers know about this resource in order for it to be available, I think we agree. Just to agree with Katie, we just haven't gotten to a place where that is fully thought out. I think there is a consensus in the community that we can't rely on consumers finding information when they need it but we really need to employ as many as pipelines and portals as we have available to make this information easily accessible and at the points at which consumers are looking for this information. So marketing is an important aspect of that, thinking about how to make this information accessible to consumers in an easy way is of course part of this discussion today. But yes, there is more thinking that we need to do and to the extent you have recommendations, we would welcome those as part of your comments.

**Caller 4:** Ok, yes. I think that one of the really key things is that there is a proliferation of health data available on the web right now targeted to consumers and I think there's growing evidence that it's a pretty small group of consumers that is actually using it. And I think that you do not want to short that thought when you are designing this and to design a tool in isolation of thinking of how that's going to be used is a little scary to me. I think you really have to think about how are patients going to – I mean honestly, this needs to be marketed to providers and payers because that is who is going to drive people to this, and that engaging a direct consumer campaign in healthcare as we in the provider space know is

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fraught with peril and generally less than successful. It's through engaging the secondary referrals that we really get the business.

**Stefan Gildemeister:** And those are also really good comments and important points. I think the challenge we have with this consumer facing website is to find a balance between making it really meaningful and useful to consumers and also serving other stakeholders in the process. But that said, I think what we ought to consider providers don't want to click through all these tools to find out how they are doing and how partners of theirs are doing. So we want to think as well about how to maybe aggregate information for providers who want to use this information or purchasers want to download a dataset than to use this tool in a step by step fashion. But again, good points and we appreciate you making them.

**Caller 4:** I don't think I'm necessarily suggesting that this would be where providers would go to get information. I'm thinking more along the lines of how do we engage the people that engage the consumers rather than necessarily trying to engage the consumers directly. Whether it's the community health worker, or at churches, etc., because I think a lot of people that end up really being the ones that need to use this tool may not use it directly on their own but are going to be having some sort of a trusted counselor of some sort working them through this. And I know this is a little far off of what you wanted to talk about today, and I apologize for that, but I think it's really important that we be thinking about that up front. Whether it's engaging church leaders, community organizers, folks like that, because they are going to be the ones that walk people to this and through it. It's not going to be consumers directly in a lot of cases.

**Katie Burns:** I'm appreciating we may have some other folks with questions or comments on today's call and we are going to need to wrap up in a few minutes. I did just want to respond to one point. I think our main concern is that the site is accessible to a wide range of folks. Be they consumers who are looking for information about healthcare provider quality on their own. Or folks who may be serving in some type of assister kind of role. So we think there is a lot commonality in those types of users and probably the main thing that they have in common is that they may not be, they are not experts on the healthcare delivery system and so we are just wanting to have a consumer-friendly display and consumer can mean a lot of different kinds of folks.

The other thing I would say is that a question was posted about how this site will be marketed. We are working through strategies about specific marketing techniques. We are very much starting and are working with a consumer focus in mind and something that is friendly and accessible to a wide range of people. So I just don't want there to be any confusion on that point. That is quite different in my mind from specific marketing strategies around the site.

With that, are there any questions that folks have for us or initial feedback? We've appreciated getting some of these comments. Also, just want to note that we will make a survey tool available through the Minnesota Department of Health and the Minnesota Health Insurance Exchange websites later this week and we will be sharing information about how to access that tool through each of our entities



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respective weekly listserv announcements. So we don't people to feel like this is the only opportunity to share feedback. That was certainly was not our intent. We wanted to get this information out there and give folks a tool to offer some feedback. But if folks have other question for us this morning, we would be happy to hear those as well as any feedback on the data displays themselves.

**Caller 5:** I'm assuming a lot of this data is the same as what's on Minnesota Community Measurements. So will this replace that website? Because we don't want people confused in going 'which one should I go to?' Second of all, is the Provider Peer Grouping information going to be displayed in the same website eventually?

**Katie Burns:** Those are both great questions. When Provider Peer Grouping data are available and ready for public reporting, they will also be integrated into the Minnesota Health Insurance Exchange. On the Minnesota Community Measurement website and public reporting question, I will defer to my colleague Stefan Gildemeister.

**Stefan Gildemeister:** The measures being displayed here are limited to the core measures that clinics are required to report on as part of the Statewide Quality Reporting and Measurement System (SQRMS). So Community Measurement is active in other areas of collecting data and displaying it. So this page is limited to the set of measures that are statutorily required to be reported. There is a fair amount of overlap though. Where this site differs in some ways also is that it provides a little bit more granular information on the payer type, on how these measures differ by payers. It reports risk adjusted rates to ensure there is a level playing field when comparing clinics to each other. So there are some differences between these reporting tools.

**Katie Burns:** The other thing I would note there is that as these data are integrated into the Minnesota Health Insurance Exchange, we are intended to link them into the health insurance shopping experience in interesting and informative ways. So for example, when a consumer is shopping for health insurance product options on the Exchange, one of the things a consumer will be able to do is search plans for those that include preferred providers. So for example, if I want to make sure a certain clinic is in a prospective health plan's provider network, I will have the opportunity to search for that on the Exchange website and when search results are returned to me, we can link and intend to link information about that clinic's quality right along with the health plan information that comes back. So we are thinking about strategies for using this information in ways that we have not been able to use the information to date.

**Caller 6:** Could you flip to one of the AHRQ measure slides?

Slide 11 (from earlier in the presentation):

Compare		Medical condition:	Page:
Select up to 3 to compare		Rate of Patients with Bed Sores	1 of 10
Name	Quality of Care for Medical Condition		
<input type="checkbox"/> Hospital A		Better	
<input type="checkbox"/> Hospital B		Better	
<input type="checkbox"/> Hospital C		Same	
<input type="checkbox"/> Hospital D		Worse	
<input type="checkbox"/> Hospital E		Same	
<input type="checkbox"/> Hospital F		Better	
<input type="checkbox"/> Hospital G		Better	
<input type="checkbox"/> Hospital H		Same	
<input type="checkbox"/> Hospital I		Worse	
<input type="checkbox"/> Hospital J		Same	
<input type="checkbox"/> Hospital K		Worse	
<input type="checkbox"/> Hospital L		Better	

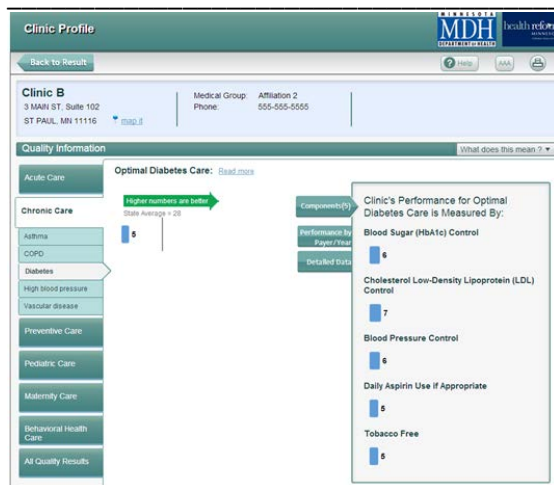
**Caller 6:** There. Pretty much for all of the AHRQ measures, lower is better. So I will be interested to hear from the actual consumer feedback if they get that. Because with the arrows pointing up, one could interpret that meaning the rate is higher therefore, even though it says it is better, I'm confused. So hopefully when we do the consumer testing, which I know you are up to now, there will be that type of determination - does the consumer get that?

**Katie Burns:** That is a great point. Thank you for raising it. We will be interested in the feedback that we get on that this week.

**Caller 7:** Two thoughts. First, in terms of the SQRMS display or the AHRQ display, the better performance, worst performance scale that Consumer Reports use I find very helpful. They use five bullets, but you can do three like you do the AHRQ here. In effect, that is where you are dealing with some of your confidence interval issues. And even if you report the raw score of 98 you can still say that is better performance, but if you give it a bullet of five, a bullet of four, it is for statistical purposes no different than, and I find that helpful.

The other thing, and this is probably an issue for down the road – when you look at the drop down that says the sub-components of the diabetes measure. There is really a next step drop down that ought to be there some day which is:

Slide 18 (from earlier in the presentation):c



'Why does your blood sugar control matter?'

'Why does your cholesterol matter?'

'Why does your blood pressure matter?'

And Consumer Reports did a very good display of that in their Minnesota report earlier this year. For both the clinic measures and the hospital measures, getting to a point whether it's on the Health Department Exchange website or Community Measurement's website where we have that sort of: 'here's the goal, why it matters, what can you do narrative' – I think it's going to make this a much more helpful display for the patient.

**Katie Burns:** Thank you. Those are great points. We are mindful that Katie Lehman needs to make her way over to our consumer testing facility. We have a lot of activity going on this week with this webinar and the consumer testing process. I did just want to have one final opportunity here for any initial impressions or questions about our purpose here.

Slide 22:

Feedback Invited on Displays

- MDH and the Exchange invite you to provide feedback on the data displays shared with you today
- A survey will be made available on MDH's and the Exchange's website where you can provide feedback
- Feedback is requested by December 21 in order to inform final design of the quality data

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**Katie Burns:** Hearing none, I want to say first, thank you so much for taking the time to be with us this morning and to preview these potential data displays and to again make very clear that we will be making a survey tool available through the Minnesota Department of Health and the Minnesota Health Insurance Exchange websites by the end of this week, and that will give you an opportunity to give us detailed feedback of the potential data displays. We are very interested in hearing that to help inform the final displays that will be used in the actual web application.

We are asking folks to provide feedback by December 21 in order to inform the final design of the quality data.

The other thing that we want to make sure folks understand is that we are recording today's webinar and we will be making that recording available on the websites so that you have the opportunity to go back and look at some of these potential data displays and offer us feedback.

With that we will conclude today's webinar and again thank you so much for being with us.

**END OF MEETING**